



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
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DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

INFORMATIONAL LETTER NO. 715

May 19, 2008

TO: Iowa Medicaid Habilitation, Remedial Services Providers and HCBS Waiver (Excluding Individual CDAC)

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise

RE: Provider Quality Management Self-Assessment

The DHS is implementing a quality management process for providers of each of the services identified below. As a provider enrolled for one or more of these services you are required to complete the *2008 Provider Quality Management Self-Assessment*. **Failure to complete the self-assessment could jeopardize your status as a Medicaid provider of these services.**

The new system of provider oversight will be required of all Medicaid providers of the following services:

- **Brain Injury waiver:** behavior programming, agency CDAC, respite, supported community living, supported employment, prevocational, IMMT, adult day care, family counseling and training
- **Mental Retardation waiver:** agency CDAC, respite, supported community living, supported employment, prevocational, IMMT, adult day care, day habilitation, residential-based supported community living
- **Ill and Handicapped waiver:** respite, agency CDAC, IMMT, adult day care
- **Physical Disability waiver:** agency CDAC
- **AIDS/HIV waiver:** agency CDAC, respite, adult day care
- **Elderly waiver:** agency CDAC (including Assisted Living providers), respite, adult day care, case management (if not Chapter 24 accredited)
- **Children's Mental Health waiver:** family and community support services, in-home family therapy, respite
- **Habilitation services:** day habilitation, home-based habilitation, prevocational habilitation, supported employment habilitation
- **Remedial services:** community psychiatric supportive treatment, crisis intervention, health or behavior intervention, rehabilitation program, skills training and development

INSTRUCTIONS FOR SELF-ASSESSMENT COMPLETION

The self-assessment can be found at: www.ime.state.ia.us/HCBS/help_ownhome.html. Each provider must download the assessment from this site and save it as a Word document. Each provider will complete only one self-assessment for the HCBS Waiver, Habilitation, and Remedial Services they provide, regardless of the number of office locations or services provided. Providers that have multiple office locations are **also** required to complete Section II of the assessment.

The completed self-assessment must be received by IME by **08/01/08**. **All sections of the self-assessment must be completed in their entirety. Please read the self-assessment instructions carefully. Incomplete self-assessments (including Section IV) will *not* be accepted.** The provider will have 15 days to complete and resubmit the self-assessment to IME.

Section I-Provider Information

- Provider name (individual or organization) should be identified *exactly* as listed for the NPI number.
- Street Address is that of the parent agency office. The street address for an agency *may not be a post office box*, since records cannot be kept there, etc. However, the mailing address may include a post office box.

Section II-Affiliated Office Locations

- Providers who operate under various NPI or provider numbers must complete this section.
- Identify the address for each additional office associated with this agency.

Section III-Iowa Administrative Code Standards

- Refer to form instructions.
- When applicable, describe the plan to meet proposed standards. Document the *plan* and *timeline* for meeting the proposed standards.
- Corrective action. If, during the completion of the self-assessment, the provider discovers *current* rules/standards have not been met, the provider must submit a corrective action plan with the self-assessment. Implementation of the corrective action plan must occur within 30 days of the self-assessment completion date identified in Section I.

Section IV-Guarantee of Accuracy

- Provider name must match Section I and the NPI number enrollment name.
- Both signatures are required.

Additional Information

After completing all sections of the self-assessment, **Sections I, II and III** should be *emailed* to [HCBS Waiver@dhs.state.ia.us](mailto:HCBS_Waiver@dhs.state.ia.us).

Section IV (only) should be mailed to:

Iowa Medicaid Enterprise
Attn: HCBS QI
100 Army Post Road
Des Moines, IA 50315

Or faxed to (515) 725-1360 Attn: HCBS QI

The Home and Community Based Services (HCBS) program will document receipt of the above materials and will contact the agency if the self-assessment is incomplete. If an agency or HCBS Specialist identifies corrective action is needed, it is the agency's responsibility to develop the corrective action plan; however, technical assistance may be requested from the HCBS Specialist. The regional HCBS Specialist will notify the agency when review of the self-assessment is completed.

Questions about this letter and/or self-assessment form should be directed to the HCBS Specialist assigned to the county where the parent agency is located. To locate a list of the regional specialists by county, visit: www.ime.state.ia.us/docs/HCBS_Specialists.pdf or call (515) 725-1222.